

# Application

- I would like to become a member at the earliest possible date      first-time application  
 I would like to become a member as from \_\_\_\_\_      I was previously a member of Bertelsmann BKK

Leaving the Bertelsmann group has no effect on membership in Bertelsmann BKK. Terms and services remain unchanged.

## Personal Details

Surname: \_\_\_\_\_ Street: \_\_\_\_\_  
 First name(s): \_\_\_\_\_ Zip code | City: | | | | | | \_\_\_\_\_  
 Marital status: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Maiden name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Social security number:  
 Place of birth: \_\_\_\_\_ | | | | | | | | | | | | | | | | \_\_\_\_\_  
 Nationality: \_\_\_\_\_

## My bank details (for reimbursements, e.g. dentures)

Account number: \_\_\_\_\_ Bank: \_\_\_\_\_  
 Bank number: \_\_\_\_\_

## My previous health insurer

Name of my previous health insurer: \_\_\_\_\_ insured since: \_\_\_\_\_  
 Address of my previous health insurer: \_\_\_\_\_

- I am insured by a statutory health insurer (AOK, BKK, company or guild health insurance fund)  
 Membership terminated on: \_\_\_\_\_ with effect from \_\_\_\_\_      Notice of termination is enclosed      will be submitted later  
 I am covered by family insurance  
 Name of the main insured person: \_\_\_\_\_  
 I am not covered by statutory health insurance (e.g. privately insured). You may only become a member of a statutory health insurer if one of the following applies:      Relocation to Germany from abroad (please add proof of residence)      Start of compulsory coverage

## My employer

Employer: \_\_\_\_\_ Department: \_\_\_\_\_  
 Street: \_\_\_\_\_ Commencement of employment: \_\_\_\_\_  
 Zip code | City | | | | | | \_\_\_\_\_ Personnel number: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## Other status (please enclose proof)

- Student      Self-employed      ALG I recipient      ALG II recipient      Retired

## Dependants | Spouse | Partner

- I have a child and am therefore exempt from the contribution surcharge for nursing care insurance. Copy of birth certificate enclosed (please ignore if you are younger than age 23 or were born before January 1, 1940).  
 My children and | or my spouse shall be exempt from contributions      My spouse | partner is a member of a statutory health insurer and also wishes to become a member.  
 Name | First name \_\_\_\_\_

**Place, date** \_\_\_\_\_ **Signature** \_\_\_\_\_

To lawfully fulfill its duties, the health insurer needs to have all data specified above; these are collected in accordance with the provisions of the German social security code and stored on data carriers. Your data is subject to data protection and will be treated confidentially. Your application will be effective upon receipt by the health insurer. Termination is not possible before the end of the notice period.

Please send us your application:  
**by fax:** 0 52 41/ 80 - 74 140 | **by Bertelsmann's internal mail:** Dept. BKK or **by post:** Carl-Miele-Str. 214, 33311 Gütersloh  
 If you have any questions, please contact us for free on 08 00/80 - 74 000.